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16152 U.S. PTO

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PTO/SB/01 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	BP2970
	First Inventor	Richard A. Bye
	Title	WIRELESS LOCAL AREA NETWORK REAL-TIME QUALITY MANAGEMENT
	Express Mail Label No.	EV381323625US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231																								
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <i>(submit an original and a duplicate for fee processing)</i>  2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  3. <input checked="" type="checkbox"/> Specification [Total Pages <u>43</u> ] <i>(preferred arrangement set forth below)</i> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure  4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages <u>23</u> ]  5. Oath or Declaration [Total Pages <u>2</u> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) b. <input type="checkbox"/> (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies																								
<b>ACCOMPANYING APPLICATION PARTS</b> 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:																									
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner: _____ Group Art Unit: _____ <b>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under          Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.          The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</b>																									
<b>19. CORRESPONDENCE ADDRESS</b> <input checked="" type="checkbox"/> Customer Number or Bar Code Label <u>34,399</u> or <input type="checkbox"/> Correspondence address below Insert customer no. or attach bar code label here																									
<table border="1"> <tr> <td>Name</td> <td colspan="5">Robert A. McLauchlan</td> </tr> <tr> <td>Address</td> <td colspan="5">P. O. Box 160727</td> </tr> <tr> <td>City</td> <td>Austin</td> <td>State</td> <td>TX</td> <td>Zip Code</td> <td>78716-0727</td> </tr> <tr> <td>Country</td> <td>USA</td> <td>Telephone</td> <td>(512) 228-3611</td> <td>FAX</td> <td>(512) 692-2529</td> </tr> </table>		Name	Robert A. McLauchlan					Address	P. O. Box 160727					City	Austin	State	TX	Zip Code	78716-0727	Country	USA	Telephone	(512) 228-3611	FAX	(512) 692-2529
Name	Robert A. McLauchlan																								
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Country	USA	Telephone	(512) 228-3611	FAX	(512) 692-2529																				
<table border="1"> <tr> <td>Name (Print/Type)</td> <td>Robert A. McLauchlan</td> <td>Registration No. (Atty/Agent)</td> <td>44,924</td> </tr> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>2/17/2004</td> </tr> </table>		Name (Print/Type)	Robert A. McLauchlan	Registration No. (Atty/Agent)	44,924	Signature		Date	2/17/2004																
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Signature		Date	2/17/2004																						

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ ) \$1292.00

## Complete if Known

Application Number	
Filing Date	
First Named Inventor	Richard A. Bye
Examiner Name	
Group Art Unit	
Atty Docket No.	BP2970

## METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	50-2126
Deposit Account Name	Garlick, Harrison & Markison, LLP

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
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## FEE CALCULATION

## 1. BASIC FILING FEE

Fee Description	Fee Paid
Utility filing fee	770.00
Design filing fee	
Plant filing fee	
Reissue filing fee	
Provisional filing fee	
<b>SUBTOTAL(1)</b>	<b>(\$ ) \$770.00</b>

## 2. EXTRA CLAIM FEES

Fee From Below

	Extra Claims	Fee Paid
Total Claims	42	
Independent Claims	4	
Multiple Dependent		

## Fee Description

Claims in excess of 20

Independent claims in excess of 3

\*\*Reissue independent claims over original patent

\*\*Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ ) 482.00

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

## Fee Description

Surcharge-late filing fee or oath	
Surcharge-late provisional filing fee or cover sheet	
Non-english specifications	
For filing a request for ex parte reexamination	
Requesting publication of SIR prior to Examiner action	
Requesting publication of SIR after Examiner action	
Extension for reply within first month	
Extension for reply within second month	
Extension for reply within third month	
Extension for reply within fourth month	
Extension for reply within fifth month	
Notice of Appeal	
Filing a brief in support of appeal	
Request for oral hearing	
Petition to institute a public use proceeding	
Petition to revive - unavoidable	
Petition to revive unintentional	
Utility Issue Fee (or reissue)	
Design Issue Fee	
Plant Issue Fee	
Petitions to the Commissioner	
Processing fee under 37 CFR 1.17(q)	
Submissions of Information Disclosure Stmt	
Recording each patent assignment per property (times number of properties)	\$40.00
Filing a submission after final rejection (37 CFR 1.129(a))	
For each additional invention to be examined (37 CFR 1.129(b))	
Request for Continued Examination (RCE)	
Request for expedited Examination of design application	
Other fee (specify)	
Reduced by Basic Filing Fee Paid	
<b>SUBTOTAL (3)</b>	<b>\$40.00</b>

## SUBMITTED BY

Complete (if applicable)

Name (Print Type)	Robert A. McLauchlan	Registration No. (Attorney Agent)	44,924	Telephone	(512) 228-3611
Signature		Date	2/17/2004		

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